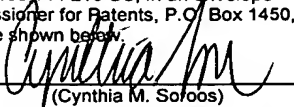
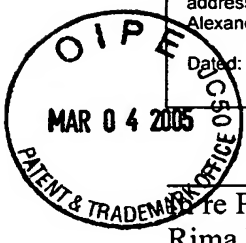


03-07-05

DFW-H

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Dated: March 4, 2005 Signature:   
(Cynthia M. Sorros)

Docket No.: AVZ-001CPUSCN  
(PATENT)



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Re Patent Application of:  
Rima Kaddurah-Daouk *et al.*

Application No.: 10/718846

Confirmation No.: 1479

Filed: November 21, 2003

Art Unit: 1639

For: USE OF CREATINE OR CREATINE  
ANALOGS FOR THE TREATMENT OF  
DISEASES OF THE NERVOUS SYSTEM

Examiner: B.M. Celsa

**RESPONSE TO RESTRICTION REQUIREMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Restriction Requirement mailed from the United States Patent and Trademark Office on February 2, 2005 for the above-identified patent application. The requisite extension of time is filed concurrently herewith.

***Response to Restriction Requirement Under 35 U.S.C. §121***

The Examiner has required restriction between the following inventions under 35 U.S.C. §121:

- Group I: Claims 1-2 and 7-8, drawn to treating amyotrophic lateral sclerosis, classified in class 514, subclass 565.
- Group II: Claims 3-4 and 9-10, drawn to treating Parkinson's disease, classified in class 514, subclass 565.
- Group III: Claims 5-6 and 11-12, drawn to treating Huntington's disease, classified in class 514, subclass 565.

Applicants hereby elect Group I, drawn to treating amyotrophic lateral sclerosis, without traverse.

***Response to Species Election***

The Examiner has required Applicants to elect, under 35 U.S.C §121, a single disclosed species for prosecution on the merits. Applicants elect creatine.

It is Applicants' understanding that the species election is for searching purposes only, and upon a finding of allowability of the elected species, the remaining species will be searched.

Applicants believe no fee is due with this statement. However, if a fee is due, please charge our Deposit Account No. 12-0080, under Order No. AVZ-001CPUSCN from which the undersigned is authorized to draw.

It is respectfully submitted that this application is in condition for allowance. If there are any remaining issues or the Examiner believes that a telephone conversation with Applicants' Attorney would be helpful in expediting prosecution of this application, the Examiner is invited to call the undersigned at (617) 227-7400.

Dated: March 4, 2005

Respectfully submitted,

By 

Cynthia M. Soroos

Registration No.: 53,623

LAHIVE & COCKFIELD, LLP

28 State Street

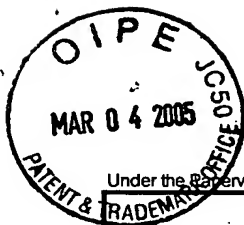
Boston, Massachusetts 02109

(617) 227-7400

(617) 742-4214 (Fax)

Attorney/Agent For Applicant

EAH/CMS/MLR



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/718846-Conf. #1479
		Filing Date	November 21, 2003
		First Named Inventor	Rima KADDURAH-DAOUK
		Art Unit	1639
		Examiner Name	B. M. Celsa
Total Number of Pages in This Submission	5	Attorney Docket Number	AVZ-001CPUSCN

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Response to Restriction Requirement  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD LLP		
Signature			
Printed name	Cynthia M. Soroos		
Date	March 4, 2005	Reg. No.	53,623

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Dated: March 4, 2005	Signature:  (Cynthia M. Soroos)



<b>Effective on 12/08/2004.</b> Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/718846-Conf. #1479
		Filing Date	November 21, 2003
		First Named Inventor	Rima KADDURAH-DAOUK
		Examiner Name	B. M. Celsa
		Art Unit	1639
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	AVZ-001CPUSCN	
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	60.00

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account      Deposit Account Number: 12-0080      Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17      ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____	_____	x _____	= _____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	x _____	= _____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>2251</u> Extension for response within first month	<u>60.00</u>

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	53,623
Name (Print/Type)	Cynthia M. Soroos	Telephone	(617) 227-7400
		Date	March 4, 2005

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Dated: March 4, 2005

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